

DPMC PROJECT ALERT Department of the Treasury Division of Property Management & Construction			Forward completed Project Alert to: DPM&C Bureau of Design & Construction PO Box 235, Trenton, New Jersey 08625-0235		
Date:	Client Agency:	Client Project Manager:	Phone Number:		
			Fax Number:		
Project Title:		Location/Facility:	County:	Fixed Asset #:	
Description of Project or Consultant Deliverables, including potential coordination issues with ongoing or planned projects (attach additional sheets as required):					
<input type="checkbox"/> OMB justification attached					
Scope of Work: <input type="checkbox"/> Attached <input type="checkbox"/> Needs to be Developed <input type="checkbox"/> TYPE II requested (attach justification)					
Previous Study: <input type="checkbox"/> Yes <input type="checkbox"/> No Study/Scope Prepared By:					
Project Budget			Funding Sources		
<u>Accounting Phase</u>	<u>Amount</u>	<u>Source</u>	<u>Amount</u>		
A Land Acquisition	\$ _____	Bond Funds:			
C Construction	\$ _____	Acct. No. _____ - _____ - _____ - _____	\$ _____		
D Design	\$ _____	Acct. No. _____ - _____ - _____ - _____	\$ _____		
E Environmental Impact Study	\$ _____	Federal Funds:			
F Furnishings & Fixtures	\$ _____	Acct. No. _____ - _____ - _____ - _____	\$ _____		
I Site Preparation	\$ _____	Acct. No. _____ - _____ - _____ - _____	\$ _____		
K Affirmative Action	\$ _____	General Funds:			
M Management Fees	\$ _____	Acct. No. _____ - _____ - _____ - _____	\$ _____		
N Construction Management	\$ _____	Acct. No. _____ - _____ - _____ - _____	\$ _____		
O Contingency Design:	\$ _____	Other Funds:			
Construction:	\$ _____	Acct. No. _____ - _____ - _____ - _____	\$ _____		
P Permits	\$ _____	Total Funding \$ _____			
R Fine Arts	\$ _____	Agency Authorization/Certification: My signature below authorizes the commitment of funds to DPMC to proceed with this project and to establish a current fiscal year requisition (RD) for all project monies credited by Change Order or Amendment Request, which will be accounted for as contingency in the project account. Signature: _____ Date: _____ Title: _____			
S Site Evaluation	\$ _____				
W Scope of Work Development	\$ _____				
Total Budget	\$ _____				

DPMC USE ONLY

DPMC Management Fee: _____		Project #: _____	
Code		Description	
Project Manager Assigned: _____			

DPMC-1, Project Alert Instructions

Date – Date Project Alert is submitted to DPMC

Client Agency – State department that owns or operates the facility(ies) described in “Location” section below. NOTE: This is not necessarily the funding agency – often projects are funded by tenant agencies or by federal funds.

Agency Project Manager – Employee of the Client Agency who will be the primary liaison with DPMC throughout the project

Phone Number – Phone number of Agency Project Manager

Fax Number – Fax number of Agency Project Manager

Project Title – Very brief title summarizing the work that needs to be done; example: “Roof Replacement @ Administration Building”, “Feasibility Study – New Dam Location”, “UST Removal/Remediation”, “Replace Emergency Generators”, etc...

Location – Include the building, campus, complex and/or park name, and municipality; example: “Vroom Building, TPH, Trenton”, “Maintenance Yard, Lodi”, “H&A Laboratory, Trenton”, “Various DOC Fueling Sites”, etc...

County – County name corresponding to “Location” above

Fixed Asset # -- from RFAS Revised Fixed Asset System per Circular Letter 01-07-OMB

Description – Briefly describe the work that needs to be done; check the appropriate box to indicate whether a full scope of work has already been developed or needs to be developed. If a scope has already been developed please indicate in the description the name of the consultant firm that prepared the scope and under what Agency Consultant project number. If you are requesting that this project be managed by your Client Agency staff (Type II project) check the appropriate box and attach or include a justification.

Project Budget – Estimate the total cost of each line item of the Accounting Phase for this project; refer to Circular Letter 94-34-GSA for guidelines pertaining to Affirmative Action, Management Fees, Contingencies, Permits, and Fine Arts.

Funding Sources – Identify the specific account numbers and amounts available to fund this project.

Agency Authorization – Signature of Client Agency representative who is authorized to commit Agency funds for this project.

Attachments required:

- Copy of Scope of Work if one has already been prepared
- Copy of Study if one has already been prepared
- Justification memo for Type II requests
- Project Justification memo for OMB review and approval of project